



# Macomb County 18 – 59 Prescription Discount Program

(PLEASE PRINT)

Name \_\_\_\_\_ (Primary Member) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
☐ MALE ☐ FEMALE

SOCIAL SECURITY NO: \_\_\_\_\_ PHONE NO: (586) \_\_\_\_\_  
(Primary Member)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Apt. # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## DEPENDENTS:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MALE FEMALE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MALE FEMALE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MALE FEMALE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MALE FEMALE

## **\$12.00 per household annual registration fee.**

You will receive up to two cards printed with the Primary Member's name and social security number on each card.

**METHOD OF PAYMENT:** Cash Personal Check Money Order Cashier's Check (Do not send cash in the U.S. mail). Checks and Money Orders should be made payable to MCDSCS.

Mail completed application with payment to:

**MACOMB COUNTY**  
**18 – 59 PRESCRIPTION DISCOUNT PROGRAM**  
**DEPT. OF SENIOR CITIZEN SERVICES**  
21885 Dunham Road, Suite 6  
Clinton Twp., MI 48036  
(586) 469-6702

## **--OFFICE USE ONLY--**

Renewal date: \_\_\_\_\_.

Rev: 11/30/06

The Macomb County 18 – 59 Prescription Discount Program is supported by the Macomb County Board of Commissioners.